Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

Volume 36 MAY 1955 *Number 5*

Hospitalization of Men at Ages 60 and Over

ABOUT one man in every seven at ages 60 and over is hospitalized in the course of a year, according to the experience of Metropolitan Life Insurance Company personnel protected under the Company's Group insurance program.* Included in this study of office and field personnel were not only those actively at work but also the permanently disabled and the retired. The experience covered cases admitted to a hospital during the year August 1, 1953, to July 31, 1954, and traced to October 1, 1954.

Details regarding the rate of hospital admission and the average duration of hospital stay according to the age of these men are given in Table 1 on the next page. At ages 60 and over combined, the admission rate was 13.8 per 100, or somewhat higher than the rate at ages 45-59 and virtually twice that at ages under 45. The hospitalization rate remained at a level slightly above 13 per 100 in the age range 60-74 and then increased to 15.9 per 100 at ages 75 and over.

The time spent in the hospital increased progressively from one age group to the next. Thus, the average stay for males at ages 60-64 was 14.1 days and only a little longer at 65-69 years, but then it increased to 21.1 days at ages 70-74 and to as much as 28.6 days at ages 75 and over. For the entire age range 60 and over, the average length of hospital stay was 18.1 days, or 1½ times the average for ages 45-59 and nearly twice that for ages under 45.

The last column in Table 1 shows the length of time spent in the hospital, during the period under survey, by the average man insured under the Company's insurance program; that is, the total amount of time in the hospital by all cases divided by the total number of men insured. (In this way, account is taken of both the admission rate and the hospital stay per case admitted.) These figures naturally are much smaller than those based on hospitalized cases alone. The average hospital stay for the experience as a whole increased progressively from 0.7 days in the age range under 45 to 4.6 days at ages 75 and over.

Surgery was performed on somewhat over two fifths of the men at ages 60 and over hospitalized in this experience. The surgical cases were

*Personnel in Pacific Coast States and in Canada were not included in this study.

TABLE 1—HOSPITAL ADMISSION RATE AND DURATION OF STAY, BY AGE
INSURED MALE PERSONNEL OF METROPOLITAN LIFE INSURANCE COMPANY*
CASES ADMITTED AUGUST 1, 1953, TO JULY 31, 1954, AND TRACED TO OCTOBER 1, 1954

AGE GROUP (YEARS)	HOSPITAL ADMISSIONS PER 100 MEN INSURED	AVERAGE DURATION OF HOSPITAL STAY	
		DAYS PER CASE	DAYS PER MAN INSURED
All ages	9.9	13.0	1.3
Under 45	7.1	9.5	.7
45-59	11.3	12.2	1.4
60 and over	13.8	18.1	2.5
60-64	13.4	14.1	1.9
65-69	13.1	15.9	2.1
70-74	13.8	21.1	2.9
75 and over	15.9	28.6	4.6

*Includes persons actively at work, those on total and permanent disability, and the retired; personnel in the Pacific Coast States and Canada are not included.

not only somewhat less frequent than nonsurgical cases, but also spent appreciably less time in the hospital, the average periods being 14.7 days and 20.7 days, respectively.

The leading causes of hospitalization in this study are shown in Table 2. Diseases of the heart headed the list, accounting for more than a quarter of all the nonsurgical cases. The average hospital stay for these diseases, the most common being coronary artery disease, was 19.0 days. Second in order of numerical importance were the diseases of the digestive system, but these cases were only half as many as the cardiac, and their average hospital stay was relatively short, 7.9 days. The next four causes of hospitalization for nonsurgical cases—the circulatory (other than heart), nervous, genito-urinary, and respiratory diseases—together accounted for an additional quarter both of the nonsurgical patients and of the total hospital days in the nonsurgical group. The average hospital stay was longest for psychoneurotic disorders, 128.2 days; although these disorders were responsible for only 4 percent of the nonsurgical cases, they accounted for about one quarter of the days spent in hospital by all nonsurgical patients.

Of the cases hospitalized for surgery, about 14 percent were for prostatectomy and a like proportion for herniotomy. Slightly more than 8 percent of the surgical cases were for removal of tumors—about equally divided between benign and malignant. However, the average hospital stay for the malignant cases was 34.0 days, longer than for any other surgical condition, and nearly 20 times the average for cases where the removed tumor was benign. The average hospitalization periods for cholecystectomy, laparotomy, and prostatectomy varied from 18.8 to 23.7 days. On the other hand, the

TABLE 2—LEADING CAUSES OF HOSPITALIZATION AT AGES 60 YEARS AND OVER AND AVERAGE DURATION OF HOSPITAL STAY
INSURED MALE PERSONNEL OF METROPOLITAN LIFE INSURANCE COMPANY*
CASES ADMITTED AUGUST 1, 1953, TO JULY 31, 1954, AND TRACED TO OCTOBER 1, 1954

CASES WITH SURGERY			CASES WITHOUT SURGERY		
TYPE OF CASE	NUMBER OF CASES	AVERAGE DURATION OF HOSPITAL STAY, IN DAYS	TYPE OF CASE	NUMBER OF CASES	AVERAGE DURATION OF HOSPITAL STAY, IN DAYS
Surgical Cases—Total	342	14.7	Nonsurgical Cases—Total	445	20.7
Prostatectomy	47	23.7	Diseases of the heart	127	19.0
Herniotomy (All types)	46	12.1	Diseases of the digestive system	63	7.9
Removal of tumors	28	16.8	Diseases of the circulatory system (other than heart)	34	11.8
Benign	15	1.8	Diseases of the central nervous system	32	39.1
Malignant	13	34.0	Diseases of the genito-urinary system	30	10.5
Cystoscopy—Examination or treatment	26	8.4	Diseases of the respiratory system	30	8.2
Operation on eye	24	9.0	Malignant neoplasms	20	39.8
Hemorrhoidectomy	23	13.5	Accidental injuries	19	10.7
Treatment of fractures	14	14.9	Arthritis and rheumatism	18	8.1
Cholecystectomy	13	18.8	Psychoneurotic disorders	17	128.2
Laparotomy	11	21.9			

*Includes persons actively at work, those on total and permanent disability, and the retired; personnel in the Pacific Coast States and Canada are not included.

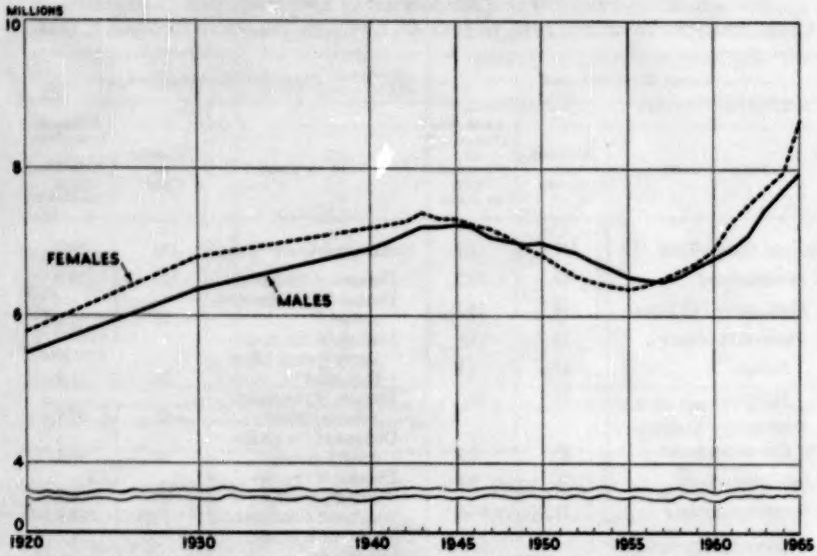
hospital stay was relatively short for cystoscopy, either for examination or treatment (8.4 days), and for operations on the eye (9.0 days); about two thirds of the eye operations were for removal of a cataract.

Marriages and the Married Population

THE NUMBER of marriages in the United States has decreased in recent years and is likely to remain at a relatively low level for several years to come. There are two significant factors in this situation. Of primary importance has been the unusually large number of marriages during and immediately after World War II, which appreciably reduced the ranks of those eligible to marry. The second factor has been the decrease in population at the ages where marriage rates are highest.

The depletion of marriageable persons is clearly illustrated by the trend of the unmarried adult male population (ages 15 years and over). Their number, including those in the Armed Forces overseas, decreased almost continuously from a record total of somewhat more than 19 mil-

Number of Males Aged 20-25 and Females Aged 18-23 United States, 1920-1954; Projected to 1965



Note: Derived from statistics in various reports by the Bureau of the Census. Figures include population in the Armed Forces overseas.

lion in 1940 to about 16⅔ million at present, the smallest number in almost three decades.

Similarly, the ranks of the men at ages 20-25 and women at ages 18-23, who usually comprise about half of our grooms and brides, have thinned out in the past decade—a result of the decrease in births during the 1930's. The number of males aged 20-25, for example, has fallen from an all-time high of 7¼ million in 1945, to about 6½ million currently. Moreover, their number is expected to continue downward until 1957, as is indicated in the accompanying chart.

During the 1940's, marriages in our country averaged almost 1,740,000 annually, with a record high of 2,291,000 in 1946. Since that peak, the number has fallen almost without interruption. In 1954 there were only about 1,484,000 marriages —the smallest number in a decade— and they are likely to be somewhat fewer in the years ahead. After the early 1960's, however, marriages should climb rapidly to new high levels, as the large numbers of war and postwar babies attain marriageable age. By 1965, there may be about 8 million men aged 20-25 years—one fifth more than at present and one tenth above their previous peak in 1945. Moreover, it is likely that their number will continue to rise at least until 1975, since the baby boom has not yet abated.

The trend of marital dissolutions

by death or divorce has been somewhat different from that for new marriages. Although the total annual dissolutions have also fallen from a peak, since 1948 they have remained relatively unchanged at a level well above that which prevailed prior to World War II. In 1954 there were about 1,076,000 marriages broken by death or divorce, or almost one fifth more than in 1940. Then, too, it is likely that the long-term rise in their number will soon be resumed, even though the annual dissolution *rate* remains close to its current figure of about 27 per 1,000 existing marriages.

The decline in marriages and the relatively large number of marital dissolutions in recent years have slowed the growth of our married population. The gain in number of married men, including those in the Armed Forces overseas, averaged better than 720,000 a year during the 1940's, compared to 614,000 in 1951 and to only 470,000 last year. Moreover, the annual gains are expected to be even smaller in the near future —averaging about 420,000 annually. Nevertheless, the number of married men in our population is expected to increase continuously from less than 40½ million at present, to almost 42½ million by the time of the 1960 Census.

Favorable Health Conditions in Western Europe

WESTERN Europe has recently been enjoying the most favorable health conditions in its history. This is a notable achievement, particularly for the countries whose people had suffered privation of food, clothing, shelter, and medical care during the most destructive war the world has ever known. Each of the 14 countries shown in the table on page 6 established a new minimum death rate during the postwar period. In France, for example, the death rate fell from 13.5 per 1,000 population in 1946 to 11.9 in 1954; in the immediate prewar period the rate had exceeded 15 per 1,000. Similarly, in Italy the death rate was reduced from 12.1 to 9.0 per 1,000 between 1946 and 1954, which compared with an average of about 14 per 1,000 in 1937-1939.

Figures on the expectation of life likewise tell a story of health progress, and are even a better measure than the crude death rate for gauging the over-all improvement in health conditions, because they are not influenced by changes in the age composition of the population. The latest figures on longevity for various countries prior to and after World War II are shown in Table 2. In each instance there was an increase in the expectation of life at birth; the gains ranged from nearly four years to about nine years, with females generally making the better record. In England and Wales the expectation of life at birth among males increased from 60.2 years to 67.1 years between 1937 and 1952, and among females from 64.4 to 72.4 years. In the majority of countries

TABLE 1—MORTALITY IN SELECTED COUNTRIES OF EUROPE, PREWAR AND POSTWAR YEARS

YEAR	AUSTRIA	BELGIUM[2]	DENMARK (EXCLUDING FAEROE ISLANDS)	FRANCE (EXCLUDING SAAR)	WESTERN GERMANY[6]	ITALY	NETHERLANDS	NORWAY[9]	PORTUGAL	SPAIN	SWEDEN	SWITZERLAND	ENGLAND AND WALES[10]	FINLAND[11]
	DEATH RATE FROM ALL CAUSES PER 1,000 POPULATION													
1937	13.3	13.2	10.8	15.3	•	14.3	8.8	10.4	15.8	19.0	12.0	11.3	12.4	12.8
1938	14.0	13.2	10.3	15.8	11.4	14.1[7]	8.5	9.9	15.4	19.3	11.5	11.6	11.6	12.8
1939	15.3[1]	13.9	10.1	15.6	•	13.4	8.6	10.1	15.3	18.5	11.5	11.8	12.1	14.3
1946	13.4	13.6	10.2[3]	13.5	12.3	12.1	8.5	9.4	14.9	13.0	10.5	11.3	12.0	11.8
1947	13.0	13.3	9.7[4]	13.2	11.6	11.5	8.1	9.5	13.5	12.1	10.8	11.4	12.3	11.9
1948	12.1	12.6	8.6[4]	12.5	10.3	10.6[8]	7.4	8.9	13.0	11.1	9.8	10.8	10.8	11.2
1949	12.9	12.9	8.9	13.8	10.2	10.5	8.1	9.0	14.1	11.6	10.0	10.8	11.7	11.2
1950	12.4	12.5	9.2	12.7	10.3	9.6	7.5	9.1	12.2	10.9	10.0	10.1	11.6	10.1
1951	12.7	12.6	8.8	13.4	10.5	10.2	7.5	8.4	12.4	11.6	9.9	10.5	12.5	10.0
1952	11.9	11.9	9.0	12.3	10.5	10.0	7.3	8.5	11.8	9.7	9.6	9.9	11.3	9.5
1953	12.0	12.1	9.0	13.0	11.0	9.8	7.7	8.5	11.3	9.7	9.7	10.2	11.4	9.6
1954	12.1	12.4	9.1	11.9	10.4	9.0	7.5	•	10.9	9.1	9.6	10.0	11.3	9.1
	TUBERCULOSIS DEATH RATE PER 100,000 POPULATION													
1937	•	70.7	44.4	118.1[4]	•	85.9	48.0	97.2	150.8	119.5	86.0	86.8	67.7	200.1
1938	99.2	68.4	40.7	•	•	80.0	45.4	87.6	152.8	128.8	82.2	82.3	61.9	199.5
1939	95.4	68.0	34.4	•	•	76.4	41.1	84.9	143.1	122.0	73.2	80.1	62.1	196.9
1946	109.7	65.5	32.4	83.7	•	84.2	46.9	64.0	189.0	119.6	54.6	75.9	55.1	178.6
1947	92.8	63.2	30.1	77.8	•	77.2	37.3	55.7	155.3	124.8	51.6	67.5	55.3	167.4
1948	87.9	55.1	24.7	74.4	•	61.5	28.3	51.3	150.4	114.9	40.9	52.6	50.7	156.4
1949	71.8	48.8	18.5	67.2	•	49.5	24.5	38.4	151.6	115.9	28.7	42.2	45.9	131.1
1950	51.5	43.3	13.8	56.8	39.4	42.6	19.0	29.0	143.6	105.1	22.1	34.9	36.6	93.0
1951	51.7	38.0	13.4	50.9	36.5	42.5	16.2	23.8	133.1	•	22.8	34.8	31.3	83.7
1952	45.0	26.7	11.3	43.0	27.1	27.4	12.3	20.1	95.6	•	•	24.8	24.1	57.2
1953	33.7	•	9.6	36.0	•	•	9.2	•	62.5	•	•	22.6	20.2	44.9
	INFANT MORTALITY PER 1,000 LIVE BIRTHS													
1937	92	83	66	70	•	109[7]	38	42	151	135	45	47	41	69
1938	80	81	59	71	59	106[7]	37	37	137	124	42	43	42	68
1939	73	82	58	68[5]	•	97[7]	34	37	120	140	39	43	35	70
1946	81	75	46	72	90	87[8]	39	35	119	92	27	39	41	56
1947	78	69	40	71	84	84[8]	34	35	107	76	25	39	42	58
1948	76	59	35	56	68	72[8]	29	30	100	70	23	36	35	52
1949	75	57	34	60	58	74[8]	27	28	115	75	23	34	33	48
1950	66	53	31	52	55	64	25	28	94	70	21	31	30	44
1951	61	50	29	51	53	67	25	26	89	68	22	30	30	35
1952	51	45	29	45	48	63	22	24	94	61	20	29	28	33
1953	50	42	27	42	46	59	22	•	96	59	19	30	27	34
1954	•	•	•	37	43	53	21	•	86	52	18	31	26	31

•Data not available.

[1] Excludes deaths of military personnel. [2] Includes deaths among Armed Forces. [3] Excludes data for civilians living in Denmark without residence permits, numbering about 200,000 in 1945 and about 2,500 at the end of 1948. [4] Data for 1936. [5] Excludes departments of Bas-Rhin, Haut-Rhin, and Moselle. [6] Federal Republic. [7] Prewar territory. [8] Excludes former British-U. S. zone of territory of Trieste. [9] Includes deaths of Norwegian residents temporarily abroad. [10] Excludes deaths among Armed Forces outside country. [11] Prior to 1951, data relate to Finnish Nationals in Finland.

Major Sources: United Nations *1954 Demographic Yearbook* and *Monthly Bulletin of Statistics*, April 1955. World Health Organization, *Epidemiological and Vital Statistics Report*, May 1954.

shown in the table the recent expectation of life exceeds 65 years among males and 70 years among females.

The rapid decrease in the mortality from tuberculosis in Western Europe during the postwar years reflects efforts in many directions—the detection of cases through mass X-ray surveys, the restoration of services in tuberculosis institutions, the supply of supplementary rations to patients, and the use of the newer drugs in the treatment of the disease. In most of the countries shown in Table 1 the tuberculosis death rates are now from two thirds to three fourths lower than those immediately prior to World War II. In Finland, for example, the death rate from this cause dropped from about 200 per 100,000 population in 1937-1939 to 45 in 1953. In Denmark and the Netherlands tuberculosis mortality is now below 10 per 100,000.

TABLE 2
EXPECTATION OF LIFE AT BIRTH IN VARIOUS EUROPEAN COUNTRIES BEFORE AND AFTER WORLD WAR II

COUNTRY; PERIOD	EXPECTATION, YEARS	
	MALES	FEMALES
Austria		
1930-1933	54.5	58.5
1949-1951	61.9	67.0
Belgium		
1928-1932	56.0	59.8
1946-1949	62.0	67.3
Denmark		
1936-1940	63.5	65.8
1946-1950	67.8	70.1
England and Wales		
1937	60.2	64.4
1952	67.1	72.4
Finland		
1931-1940	54.5	59.6
1946-1950	58.6	65.9
France		
1933-1938	55.9	61.6
1950-1951	63.6	69.3
Netherlands		
1931-1940	65.7	67.2
1947-1949	69.4	71.5
Norway		
1921-1931	61.0	63.8
1946-1950	69.3	72.7
Sweden		
1936-1940	64.3	66.9
1946-1950	69.0	71.6

The marked improvement in infant mortality is another index of postwar health progress in Western Europe. As the lowest tier of Table 1 shows, the rate under age 1 is now generally about half that just prior to the war. In France, the infant mortality rate in the first postwar year was 72 per 1,000 live births, exceeding the rates in 1937-1939; by 1954 the rate was down to 37 per 1,000. Sweden has made an extraordinary record, with a death rate of only 18 per 1,000 live births under age 1, compared with an average rate exceeding 40 per 1,000 in the immediate prewar years.

Many infectious diseases recorded a considerably increased incidence during and immediately after World War II, but they have since been brought under control in most of the countries. Diphtheria became rampant in large areas of Europe during the war. In the Netherlands the number of cases in 1943 was 14 times as high as the yearly average in the decade prior to the war; in Norway it was 24 times as high. In both these countries diphtheria is now a very minor health problem. Scarlet fever, typhoid and paratyphoid fevers, and cerebrospinal meningitis are among the other diseases which had an abnormally high inci-

dence during the war and which are now generally under control.

The excellent postwar health record of Western Europe is attributable to a variety of factors. In some countries it may reflect, in part, the weeding out of impaired lives during the war. But generally the improvement has resulted mainly from planned activities. Medical, hospital, and public health services began to be restored soon after the war and have since been expanded and improved. Wide use has been made of the recent advances in the medical sciences, including the antibiotics and other drugs. The greatly increased food supply has raised the nutritional level of the population. As the general standard of living continues to rise, further decreases in mortality may be expected in Western Europe, particularly in those countries that still lag behind in medical and public health facilities and services.

Accidental Death From Electric Current

ELECTRIC current has long been considered a basic necessity in American life. During the past quarter of a century, residential consumers of electricity have about doubled in number while the use of appliances and power tools has greatly multiplied. Industrial consumption of electricity has likewise increased by leaps and bounds as economic production has expanded and processes have become more and more mechanized. Despite these developments, the death rate from accidents involving electric current has decreased over the years. At present, such accidents take about 1,000 lives annually in the United States, or 7 per million population, whereas a quarter century ago the corresponding death rate was 9 per million.

Fatalities due to electric current show a distinct seasonal pattern, beginning to increase in the spring and reaching a peak in the summer; more than two fifths of the deaths each year occur in June, July, and August. The higher mortality in summer results largely from increased activity in the repair and extension of electric lines and from the generally greater amount of outdoor work which brings men in accidental contact with electric lines. Moreover, when the body is wet with perspiration, as is often the case in warm weather, its resistance to electric shock is lowered.

About 95 percent of the fatal accidents caused by electric current in the United States occur among males, reflecting largely the effect of occupational hazards. It is not surprising, therefore, that the victims are concentrated principally in the main working ages of life. Of the 2,044 persons who lost their lives from electric shock in the two years 1951-1952, no less than 1,738 were males in the age range from 15 to 64.

As the table on page 9 shows, somewhat over one fifth of all the males killed by electric current in 1951-1952 sustained their injuries on

NUMBER OF ACCIDENTAL DEATHS FROM ELECTRIC CURRENT BY PLACE OF ACCIDENT AND SEX. UNITED STATES, 1951-1952

PLACE OF ACCIDENT	NUMBER OF DEATHS			PERCENT		
	TOTAL	MALES	FEMALES	TOTAL	MALES	FEMALES
All places	2,044	1,926	118	100	100	100
Industrial premises	428	426	2	21	22	2
Mine and quarry	59	59	—	3	3	—
Farm*	181	177	4	9	9	3
Home	393	300	93	19	16	79
Street and highway†	376	372	4	18	19	3
Public building	72	72	—	4	4	—
Place for recreation and sport	16	15	1	1	1	1
Resident institution	11	11	—	1	1	—
Other specified	379	371	8	18	19	7
Unspecified	129	123	6	6	6	5

*Excludes injuries in farm homes, which are classified under home accidents.
†Excludes injuries sustained on electric poles; these are classified under "Other specified" places.

NOTE: The figures in this table exclude deaths from lightning and transport accidents.
SOURCE: National Office of Vital Statistics, *Vital Statistics of the United States, 1951 and 1952, Volume II.*

industrial premises — electric light and power plants, factories, workshops, and similar places. Nearly the same proportion of men were electrocuted on streets and highways. Most of these fatalities resulted from contact with high tension wires by utility company personnel, construction workers — particularly crane and hoist operators — and others employed in associated industries. A substantial number of the deaths on streets and highways resulted from persons touching either fallen power lines or automobiles energized by such lines.

Hazards on the farm have been responsible for an appreciable loss of life from electric shock; the toll was 181 (177 of them males) in 1951-1952. For the most part these fatal accidents involved farm production equipment, such as irrigation pumps, machinery, and electric fences. The use of unsafe and makeshift wiring was a fairly common source of fatal injury on the farm. Another practice which proved fatal in many instances was the careless moving of farm equipment or well casing near power lines.

Accidents in the home accounted for one sixth of the deaths due to electric current among males and for about four fifths of those among females in 1951-1952. In recent years the number of such deaths in the home has increased somewhat, particularly among males; this may reflect the increase in do-it-yourself activities. Fatal injuries due to electric current in the home were brought about by a variety of circumstances, such as the use of defective extension cords, a particularly dangerous practice in damp locations; the falling of a radio, fan, heater, or other appliance into a

bathtub where a person is bathing; and children playing with exposed wires, light sockets, and defective appliances. In addition to this toll from ordinary house current, a few deaths in recent years have resulted from contact with high tension lines by persons attempting to install or repair television aerials.

Deaths from electric shock have also occurred in such places as mines and quarries, public buildings, resident institutions, and places for recreation; the details appear in the table on the preceding page. The relatively large concentration of deaths in "Other specified" places included a considerable number of electric light and power linemen working on poles and some boys playing on electric poles or flying kites or model planes.

Company's Exhibits at Medical Meeting in Canada

Physicians attending the conjoint annual meeting of the British Medical Association, Canadian Medical Association, and Ontario Medical Association in Toronto, Ontario, June 20-24, are cordially invited to visit the Metropolitan Life Insurance Company exhibits displayed in the Scientific Exhibit.

CARDIOVASCULAR-RENAL DISEASES

Shows changes in the mortality from the cardiovascular-renal diseases in a number of countries; the trend by age in Canada, England, and the United States; the differences in the level of the mortality from these diseases by social class. (Space 8)

PROGNOSTIC VALUE OF LIFE INSURANCE MORTALITY INVESTIGATIONS

This exhibit, prepared in cooperation with the New York Life Insurance Company, compares the survivorship, over a 15-year period, of insured persons having various medical impairments with that of Standard insurance risks. (Space 7)

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, WEEKLY AND MONTHLY COMBINED
METROPOLITAN LIFE INSURANCE COMPANY
APRIL 1955

CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS†				
	APRIL		YEAR TO DATE		
	1955	1954	1955	1954	1953
All Causes—Total	625.7	624.6	661.0	673.6	704.6
—Excluding war deaths	625.7	622.5	660.9	666.6	702.7
Tuberculosis (all forms)	7.6	9.3	8.3	10.0	11.6
Tuberculosis of respiratory system	6.9	8.4	7.6	8.8	10.5
Syphilis	2.5	2.5	2.8	2.8	3.0
Communicable diseases of childhood	.1	.5	.4	.4	.3
Acute poliomyelitis	—	.1	.2	.2	.6
Malignant neoplasms	127.0	126.4	131.2	130.5	127.2
Digestive system	45.0	43.8	45.2	47.2	45.6
Respiratory system	15.9	16.6	16.7	16.9	15.6
Diabetes mellitus	16.5	14.3	16.3	15.9	16.9
Diseases of the cardiovascular-renal system	331.8	328.5	355.0	354.7	381.3
Vascular lesions, central nervous system	64.5	65.3	68.4	68.1	74.1
Diseases of heart	241.9	235.9	259.3	258.2	277.2
Chronic rheumatic heart disease	12.3	13.0	13.8	13.5	14.8
Arteriosclerotic and degenerative heart disease	186.6	174.9	198.9	193.1	205.8
Diseases of coronary arteries	104.8	102.0	113.3	113.3	118.2
Hypertension with heart disease	34.6	39.3	37.5	41.5	45.6
Other diseases of heart	8.4	8.7	9.1	10.1	11.0
Hypertension without mention of heart	5.0	6.7	5.0	6.5	6.2
General arteriosclerosis	5.4	5.8	6.5	6.3	7.2
Other diseases of circulatory system	5.8	5.6	6.0	5.2	5.0
Nephritis and nephrosis	9.2	9.2	9.8	10.4	11.6
Pneumonia	16.3	15.1	18.0	16.2	22.7
Influenza	1.3	1.4	1.6	1.9	6.7
Ulcers of stomach and duodenum	4.2	4.5	4.9	4.9	5.0
Appendicitis	1.3	1.5	1.6	1.2	1.5
Hernia and intestinal obstruction	2.8	3.6	3.8	3.9	4.1
Gastritis, duodenitis, enteritis, etc	2.1	2.2	2.4	2.7	2.4
Cirrhosis of liver	10.8	9.2	11.1	10.3	11.8
Diseases of the gallbladder and biliary ducts	3.6	2.8	3.3	3.2	3.6
Complications of pregnancy, childbirth	.7	1.0	.9	.9	1.4
Congenital malformations	2.2	3.1	3.0	3.0	3.6
Suicide	6.2	5.1	6.1	5.4	5.7
Homicide	2.4	1.6	2.2	2.4	2.9
Accidents—total	33.4	32.9	33.3	35.3	33.8
Motor vehicle	12.9	13.7	13.3	14.3	14.3
Home	6.2	5.9	6.9	7.8	8.1
Occupational (civilian)	2.2	1.7	2.2	2.4	3.3
War deaths—enemy action‡	—	2.1	.1	7.0	1.9
All other causes	52.8	57.2	54.5	60.7	56.7

*The rates for 1955 and 1954 are provisional.

†Persons insured under Weekly and Monthly Industrial premium-paying policies for the years 1953-1954; for 1955, includes in addition persons with Ordinary Monthly Premium policies for less than $1,000.

‡The recorded mortality from war deaths in 1954 resulted from the payment of claims on policyholders originally reported as missing who were subsequently declared officially dead.

Correspondence relating to the BULLETIN may be addressed to:

The Editor
STATISTICAL BULLETIN
Metropolitan Life Insurance Company
1 Madison Avenue, New York 10, N. Y.

STATISTICAL BULLETIN
1 Madison Avenue, New York 10, N. Y.
Return Postage Guaranteed

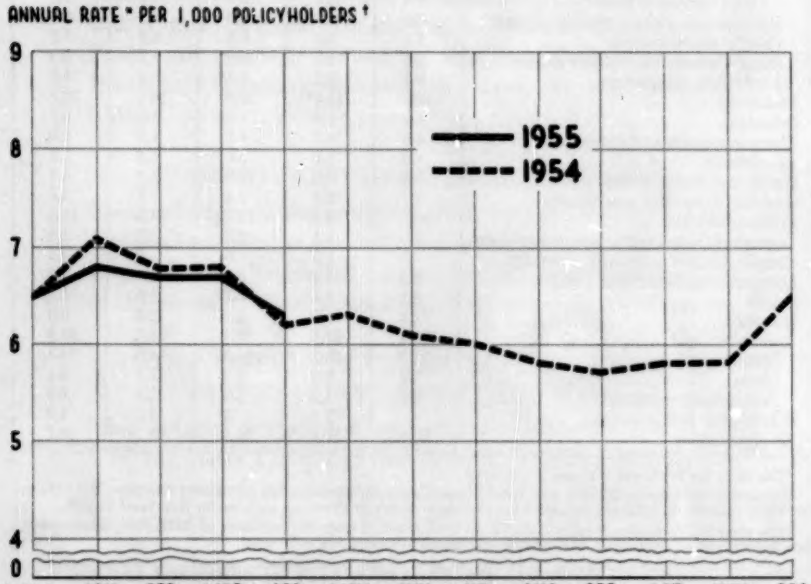
Sec. 34.66, P. L. & R.
U. S. POSTAGE
PAID
Long Island City 1, N. Y.
Permit No. 7

Mr. Eugene B. Power
University Microfilms
313 N. First Street
Ann Arbor, Michigan

S22

MORTALITY FROM ALL CAUSES

INDUSTRIAL POLICYHOLDERS · METROPOLITAN LIFE INSURANCE COMPANY



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1954‡	7.1	6.8	6.8	6.2	6.3	6.1	6.0	5.8	5.7	5.8	5.8	6.5
1955	6.8	6.7	6.7	6.3								

*†‡ See page 11 for footnotes

P.F.M.—PRINTED IN U.S.A.—44590—(5-55)